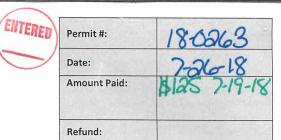
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT **BAYFIELD COUNTY, WISCONSIN**



Bayfield Co. Zoning Dept



INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

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PROJECT Close Transport Close Tax Statement Tax 100 Section Sect	Authorized Agent. (Ferson	SIBITING Appli	ication on benan	or owner(s))	Agen	critone.	[gent Main	iig Auui	1633 (111	cidde City/State	/ZIP).				
Section Sect																
Section 35., Township 51 N, Range Q W Yorl & Page CSM Doc # Lot(s) No. Block(s) No. Subdivisions: Section 35., Township 51 N, Range Q W Town of:		gal Descrin	tion: (Use Ta	ax Statement			111									
Section S. Township S. N. Range L. W Town of: Shoreland	2 LOCATION		100010	otatemen		20	7/					_201	3 1		706100	
Section 35., Township	5W 1/1 SE	1/4	Gov't Lot	Lot(s)) CSM	Vol & Page	CSIV	Doc#	Lot(s)	No.	Block(s) No.	Subdivi	sion:			
Shoreland Shor		- 1/4														
Shoreland	Santian 3C T	·	51 40	/			2					Lot Size		Acrea	ge	
Is Property/Land within 300 feet of River, Stream land incembers Distance Structure is from Shoreline : feet Stream Stream Structure Struc	Section, i	ownship _	IV, Ka	ange	<u>2</u> W	1	BE	LL						á	20	
Shoreland Creek or Landward side of Floodplain? If yes—continue Distance Structure is from Shoreline Yes—continue		I- Down	./i 1 tal-t-	200 ((D' - C'			D: .			f 61 11					
Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue If yes—continue If yes—continue If yes—continue If yes—continue If yes—continue If yes—continue If yes—continue If yes—continue If yes—continue If yes—continue If yes—continue If yes—continue If yes—continue If yes—continue If yes—continue If yes—continue			(F)					Distance	e Struct	ture is						
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# New Construction # of Stories # Foundation # Structure											Wł	at Type	of		Type of	
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FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner(s): (If there are Multiple Owners listed on the Deed Altowners must sign or letter(s) of authorization must accompany this application) Date (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	Proposed Construction Proposed Use Residential Use Commercial Use		Bunkhous Mobile Ho Addition/ Accessory Special Us	Structure e (i.e. cabin with Lof with (2n with (2n with Att se w/ (sa come (manu falteration of Building of Building of Se: (explain	(first structon, hunting ft Porch Porch Pock and Dock tached Ganitary, or Infactured dan (specify) (specify) Addition/	Length: Length: Proposed Sti sture on prop shack, etc.) rage sleeping quante) Alteration (sp	erty) arriers,	or □ cool	ALA king & f	Width Width	ep facilities)		Heightensions X X X X X X X X X X X X X X X X X X X))))))	Footage	
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Address to send permit 1917 Lakeshore Dr. Kiwake, WI 37868 Copy of Tax Statement	Proposed Construction Proposed Use Residential Use Commercial Use Municipal Use I (we) declare that this application (are) responsible for the detail result of Bayfield County relying property at any reasonable time. Owner(s): (If there are Multiple Owner(s)	ion (including a and accuracy o go on this informe for the purpowers listed	Bunkhous Mobile Ho Addition/ Accessory Special Us Condition Other: (ex FAILURE TO Iny accompanying fall information I mation I (we) am use of inspection	Structure e (i.e. cabin with Lof with a P with (2 ⁿ with a E with (2 ⁿ with Att se w/ (□ sa pme (manu Alteration Building Building al Use: (explain) (se: (explain) (we) am (are) p (are) providing Altowners m	(first structon, hunting fit Porch and) Porch Deck at ached Ganitary, or affactured data (specify) (specify) Addition// Addition// Splain)	Length: Length: Length: Proposed Sti ture on prop shack, etc.) rage sleeping qua ate) Alteration (sp TING CONSTRUC led by me (us) and to lat it will be relied uspplication. I (we) construction of authorization of authorization.	erty) erty) arters, pecify) TION W to the be pon by E ponsent to orization	or □ cool //ITHOUT A st of my (our ayfield Coun o county office on must accompany	PERMIT!) knowled ty in detectals charge	width width width width width with a second property of the second p	ep facilities) SULT IN PENALT elief it is true, corre whether to issue a padministering count pplication)	() () () () () () () () () ()	Heightensions X 3 3 X X X X X X X X X X X X X	ht:)))))))))))) acknowledept liabilitiess to the	ge that I (we) am y which may be a above described	

In the box below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink – NO RENCIL, Show Location of: **Proposed Construction** Show / Indicate: North (N) on Plot Plan (2) (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: All Existing Structures on your Property Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (5)Show any (*): (6) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (*) Wetlands; or (*) Slopes over 20% (7)Lot 101 NEWGARAGE SOUTH

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement		Description	Measur	ement
Setback from the Centerline of Platted Road	200 Fe	et	Setback from the Lake (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	167 Fe	et	Setback from the River, Stream, Creek		Feet
			Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	315 Fe	et			
Setback from the South Lot Line	315 Fe	et	Setback from Wetland	1.4	Feet
Setback from the West Lot Line	167 Fe	et	20% Slope Area on the property	☐ Yes	 ✓ No
Setback from the East Lot Line	1140 Fe	et	Elevation of Floodplain		Feet
		1,1			
Setback to Septic Tank or Holding Tank	30 Fe	et	Setback to Well	Committee	Feet
Setback to Drain Field	Fe	et			
Setback to Privy (Portable, Composting)	- Fe	et			

STAGE RA

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	la	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 18-0263	Permit Date: 7-20	2-18		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor Yes (Fused/Contigue) Yes Yes	ous Lot(s)) 💆 No	Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached Yes No
Granted by Variance (B.O.A.) ☐ Yes No Case #:		Previously Granted by ☐ Yes No	y Variance (B.O.A.) Case	#:
Was Proposed Building Site Delineated Yes No	Salus		es Represented by Owner Was Property Surveyed	☐ Yes XNo ☐ Yes XNo
Inspection Record: 5.2e was marked with Compliant as proposes	ch Stalles and I. House Grom Pers	l appears	Gode t britt. No survey.	Zoning District (A61) Lakes Classification ()
Date of Inspection: 7/24/18	Inspected by: Todd			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Atta				A
Structure shall not be No prossuried water i	used for he	rman hab. +	ation Sleepin	g purposes.
No prossurized water i	n structure u	without an	approved to	arector to POWTS.
Must meet and main	fain Setback	8		
Signature of Inspector: wad Naunal				Date of Approval: 7/25/18
Hold For Sanitary: 🗆 Hold For TBA: 🗆 _	Hold For Affic	lavit: 🗌	Hold For Fees:	

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY - None
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-0	8-0263 Issued 7			I То: Ку	To: Kyle Schlampp								-	
N ½ of Location:	SW	1/4	of	SE	1/4	Section	35	Township	51	N.	Range	6	W.	Town of	Bell
Gov't Lot	_		L	ot		Blo	ck	Sul	odivisio	n				CSM#	

For: Residential Principal Structure: [1- Story; Garage (28' x 32') = 896 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

completed or if any prohibitory conditions are violated.

Condition(s): Structure shall not be used for human habitation / sleeping purposes. No pressurized water in structure without an approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

Date